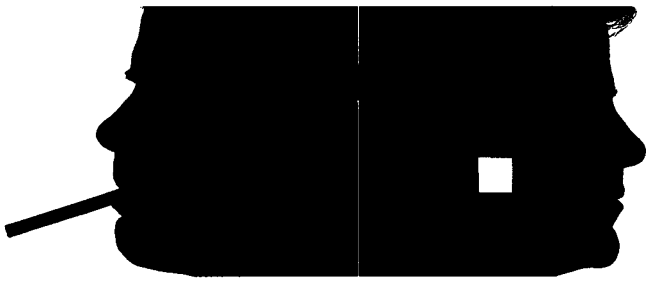

MARION MERRELL DOW INC.
PRESCRIPTION PRODUCTS DIVISION
KANSAS CITY, MO 64114
Innovators in nicotine reduction therapy

NOW AVAILABLE ON MEDI-CAL #8401A

- In the average smoker (20 to 30 cigarettes a day), physiologic nicotine addiction is reinforced with every cigarette



Peak blood levels produce physiologic satisfaction and reinforcement. Craving occurs when the concentration sinks to a lower level, which the smoker will satisfy with the next cigarette.

On cessation of smoking and initiation of therapy with Nicorette, the patient's nicotine blood levels may be reduced by approximately 50% or more, eliminating the sharp peaks which perpetuate dependence.

- 43% of smokers age 35 and over have tried to quit three times or more
- 80% of efforts are unsuccessful
- Fear of the medical risks of smoking is real, intense, and well-documented

Enhancing the Comfort Level Adds Control to Commitment

Relief of craving can make a world of difference. When used in conjunction with a program of behavior modification under medical supervision, Nicorette can help provide the committed quitter with:

- Relief of physical craving
- Immediate freedom from worry about carcinogens and carbon monoxide
- Freedom to deal more comfortably with habituation and psychosocial factors

Used properly...

Nicorette®

(nicotine polacrilex)

Relieves Craving...
Reinforces Commitment

Please see the brief summary of prescribing information on the adjacent page.

BRIEF SUMMARY

Nicorette® (nicotine polacrilex)

CAUTION: Federal law prohibits dispensing without prescription.

DESCRIPTION: Each piece of Nicorette contains nicotine polacrilex equivalent to 2 mg nicotine and also contains flavors, glycerin, gum base, sodium bicarbonate, sodium carbonate, and sorbitol.

INDICATION AND USAGE: Nicorette is indicated as a temporary aid to the cigarette smoker seeking to give up his or her smoking habit while participating in a behavioral modification program under medical or dental supervision. For further information, please see Full Prescribing Information.

CONTRAINDICATIONS: Nicorette is contraindicated in non smokers.

Nicorette is contraindicated in patients during the immediate post myocardial infarction period, patients with life-threatening arrhythmias, and patients with severe or worsening angina pectoris. (See WARNINGS.)

Also, Nicorette is contraindicated in patients with active temporomandibular joint disease.

Current medical opinion indicates that nicotine in any form may be harmful to an unborn child. Nicorette and cigarettes both contain nicotine.

Nicorette may cause fetal harm when administered to a pregnant woman.

Use of cigarettes or Nicorette during the last trimester has been associated with a decrease in fetal breathing movements. These effects may be the result of decreased placental perfusion caused by nicotine. Rare reports of miscarriages have been received, and a relationship to drug therapy as a contributing factor cannot be excluded. Studies in pregnant rhesus monkeys have shown that maternal nicotine administration produced acidosis, hypoxia and hypercarbia in the fetus.

Nicotine has been shown to be teratogenic in mice treated subcutaneously with 25 mg/kg, which is approximately 300 times the human buccal dose. Studies in rats and monkeys have not demonstrated a teratogenic effect of nicotine in doses which would occur during cigarette smoking.

Nicorette is therefore contraindicated in women who are or may become pregnant, and female patients should be advised to take adequate precautions to avoid becoming pregnant. The physician may wish to consider a pregnancy test before instituting therapy with Nicorette. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus.

WARNINGS: The risks of nicotine in patients with certain cardiovascular and endocrine diseases should be carefully weighed against the benefits of including Nicorette in a smoking cessation program in these patients. Specifically, patients with coronary heart disease (history of myocardial infarction and/or angina pectoris), serious cardiac arrhythmias, or vasospastic diseases (Buerger's disease, Prinzmetal variant angina) should be carefully screened and evaluated before Nicorette is prescribed. Occasional reports of tachyarrhythmias occurring in association with the use of Nicorette have been reported; therefore, if an increase in cardiovascular symptoms occurs with the use of Nicorette, it should be discontinued.

As the action of nicotine on the adrenal medulla (release of catecholamines) does not appear to be affected by tolerance, Nicorette should be used with caution in patients with hyperthyroidism, pheochromocytoma or insulin-dependent diabetes. Cigarette smoking is felt to play a perpetuating role in hypertension and peptic ulcer disease. Therefore, Nicorette should be used in patients with systemic hypertension or peptic ulcer (active or inactive) only when the benefits of including Nicorette in a smoking cessation program outweigh the risks.

PRECAUTIONS: Nicorette should be used with caution in patients with oral or pharyngeal inflammation and in patients with a history of esophagitis or peptic ulcer.

The dosage form of Nicorette dictates that it be used with caution in patients whose dental problems might be exacerbated by chewing gum. In such patients prior dental evaluation may be advisable.

Nicorette is sugar-free and has been formulated to minimize stickiness. As with other gums, however, the degree to which Nicorette may stick to dentures, dental caps or partial bridges may depend on the materials from which they are made and other factors such as amount of saliva produced, possible interaction with denture adhesives, denture cleaning compounds, dryness of mouth due to other causes and salivary constituents. Should an excessive degree of stickiness to dental work occur, there is a possibility that as with other gums, Nicorette may damage dental work; if this should occur, the patient should discontinue its use and consult a physician or dentist.

The sustained use of Nicorette by ex-smokers is not to be encouraged because the chronic consumption of nicotine is toxic and addicting. The physician must, however, weigh the relative risks of a possible return to smoking versus continued, long-term use of the gum.

Information for Patients: The patient instruction sheet is attached at the end of the professional labeling text. It is intended for detachment by the pharmacist and inclusion in the package of Nicorette dispensed to the patient. It contains important selected information on patient selection, risks and adverse effects and instructions on how to use Nicorette properly.

Drug Interactions: Smoking cessation, with or without nicotine substitutes, may alter response to concomitant medication in ex-smokers. Smoking is considered to increase metabolism and thus lower blood levels of drugs such as phenacetin, caffeine, theophylline, imipramine and pentazocine, through enzyme induction. Cessation of smoking may result in increased levels of these drugs. Absorption of glutethimide may be decreased, and the "first pass" metabolism of propoxyphene may be decreased by smoking cessation. Other reported effects of smoking, which do not involve enzyme induction, include reduced diuretic effects of furosemide and decreased cardiac output, and increased blood pressure with propranolol, which may also relate to the hormonal effects of nicotine. Smoking cessation may reverse these actions.

Both smoking and nicotine can increase circulating cortisol and catecholamines. Therapy with adrenergic agonists or with adrenergic blockers may need to be adjusted according to changes in nicotine therapy or smoking status.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nicotine was not mutagenic in the Ames *Salmonella* test.

Literature reports indicate that nicotine is neither an initiator nor a tumor-promoter in mice. There is inconclusive evidence to suggest that cotinine, an oxidized metabolite of nicotine, may be carcinogenic in rats. Cotinine was not mutagenic in the Ames *Salmonella* test.

Studies have shown a decrease of litter size in rats treated with nicotine during the time of fertilization.

Pregnancy: Pregnancy Category X. (See CONTRAINDICATIONS.)

Nursing Mothers: Nicotine passes freely into the breast milk. Because of the potential for serious adverse reactions in nursing infants from nicotine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children and adolescents who smoke have not been evaluated.

ADVERSE REACTIONS: Adverse reactions reported in association with the use of Nicorette include both local effects and systemic effects representing the pharmacologic action of nicotine. Rare reports of an apparent severe allergic reaction have been received.

Local side effects: Mechanical effects of gum chewing include traumatic injury to oral mucosa or teeth, jaw ache, and eructation secondary to air swallowing. These side effects may be minimized by modifying chewing technique. Oral mucosal changes such as stomatitis, glossitis, gingivitis, pharyngitis, and aphthous ulcers, in addition to changes in taste perception, can occur during smoking cessation efforts with or without the use of Nicorette.

Systemic side effects: Although the systemic effects seen in trials were generally similar, the reported frequency of adverse drug effects was highly variable, as illustrated by the variation observed in adverse event incidences estimated from the results of two well controlled studies (one performed in the United States, and the other in England) designed to evaluate the safety and efficacy of Nicorette. (See table, below.) Given this variability, the table can be used only as an indication of the relative frequency of adverse events reported in representative clinical trials. It can not predict expected incidences of these effects during the course of usual medical practice.

Treatment Emergent
Symptom Incidence for the 2 mg Gum

	U.S.		British	
	Drug	Placebo	Drug	Placebo
Number of Subjects Reporting	94	95	58	58
Percent of Subjects Reporting				
Autonomic				
Excess Salivation	2.1	0.0		
CNS				
Insomnia	1.1	1.1		
Dizziness/Light-headedness	2.1	2.1	19.0	13.8
Irritable/Fussy	1.1	1.1		
Headache	1.1	5.3	24.1	29.3
Gastrointestinal				
Nonspecific GI Distress	9.6	6.3		
Eructation	6.4	1.1		
Indigestion			41.4	20.7
Nausea/Vomiting	18.1	4.2	31.0	15.5
Reactions Referable to Mouth, Throat, Jaw, or Teeth				
Mouth or Throat Soreness	37.2	31.6	56.9	53.4
Jaw Muscle Ache	18.1	9.5	44.8	44.8
Others				
Anorexia	1.1	1.1		
Hiccups	14.9	0.0	22.4	3.4

The only potentially serious systemic adverse effect observed among the 152 patients evaluated in the controlled clinical trials used to support the efficacy of Nicorette was cardiac irritability: a patient displayed what may have been nicotine-induced, but reversible, atrial fibrillation. Cardiac irritability is a well known consequence of cigarette smoking.

A 46-year-old male patient participating in a clinical trial of Nicorette was reported to have developed nicotine intoxication requiring his hospitalization. After 4 days, he was discharged, fully recovered. He died suddenly one month later. Nicorette was not used during this one-month interval. The relationship of the patient's death to his prior treatment is undetermined. Since the marketing of Nicorette in the U.S., reports of several other deaths and reports including myocardial infarction, congestive heart failure, cerebrovascular accident and cardiac arrest have been received. A cause and effect relationship between these reports and the use of Nicorette has not been established.

In addition to the reported effects listed above, the following events have been reported: *CARDIOVASCULAR*—edema, flushing, hypertension, palpitations, tachyarrhythmias, tachycardia; *CNS*—confusion, convulsions, depression, euphoria, numbness, paresthesia, syncope, tinnitus, weakness; *DERMATOLOGIC*—erythema, itching, rash, urticaria; *GASTROINTESTINAL*—alteration of liver function tests, constipation, diarrhea; *RESPIRATORY*—breathing difficulty, cough, hoarseness, sneezing, wheezing; *OTHER*—dry mouth, systemic nicotine intoxication.

Rare reports of miscarriages have been received, and a relationship to drug therapy as a contributing factor cannot be excluded.

DRUG ABUSE AND DEPENDENCE/OVERDOSE/TREATMENT OF OVERDOSAGE: For further information, please see full prescribing information.

DOSAGE AND ADMINISTRATION: Most patients require approximately 10 to 12 pieces of gum per day during the first month of treatment. Patients should be instructed not to exceed 30 Nicorette pieces per day. Patients should be assessed after one month of treatment to determine smoking status, and the use of Nicorette as an adjunct should be reevaluated. Gradual withdrawal from Nicorette should be initiated after 3 months' usage and completed by 6 months. The use of Nicorette beyond 6 months is not recommended.

Product Information as of May, 1989

Manufactured by Aktiebolaget Leo, Helsingborg, Sweden for
MARION MERRELL DOW INC.
Prescription Products Division
Kansas City, MO 64114

NICAE 703/0202 6320H1

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

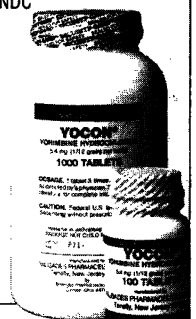
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

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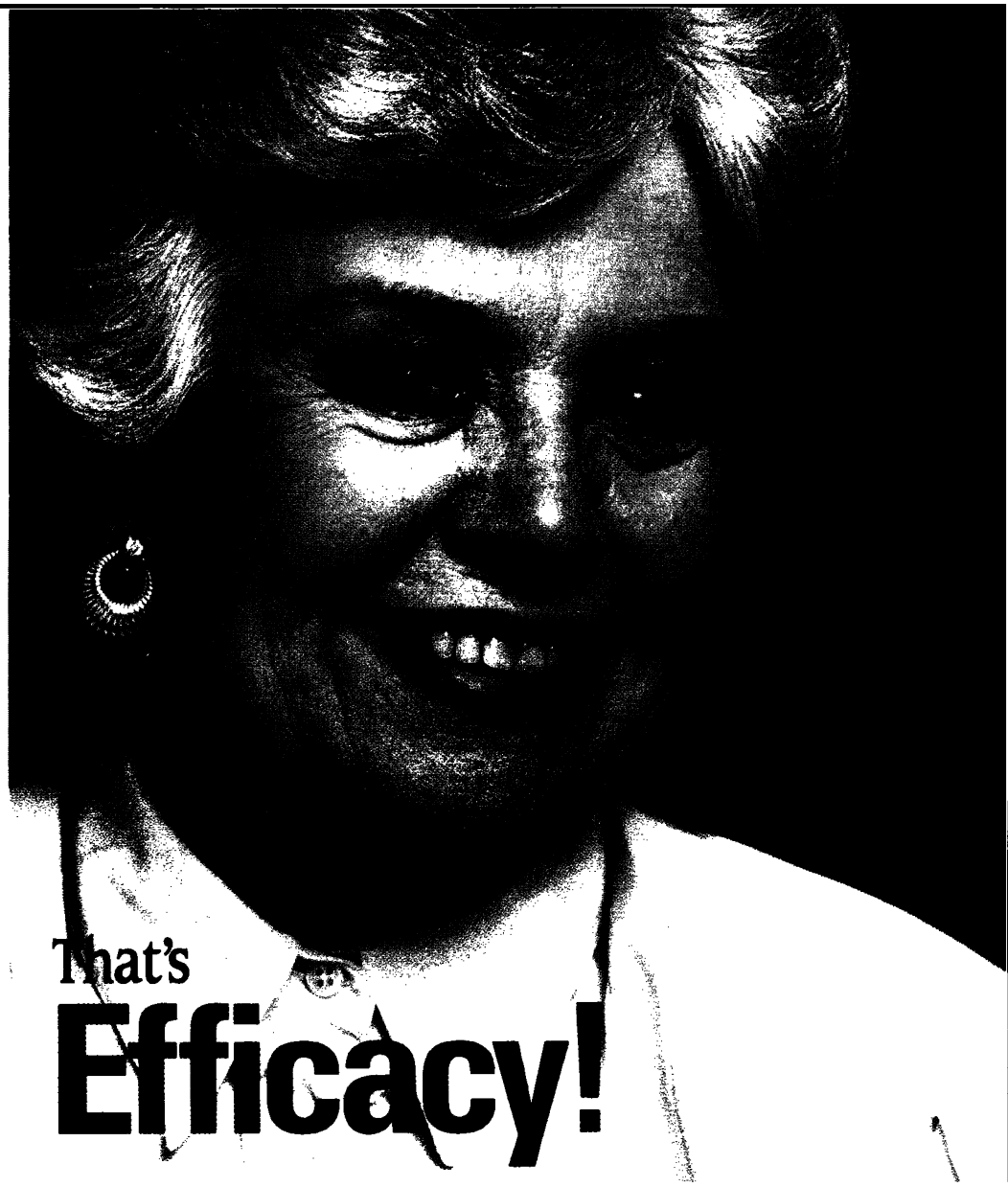


That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

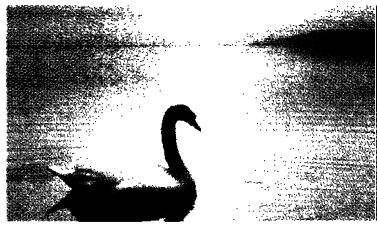
...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

Effective choice for anxiety

BuSpar®

Tablets, 5 mg and 10 mg

(buspirone HCl)



for a different kind of calm

*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

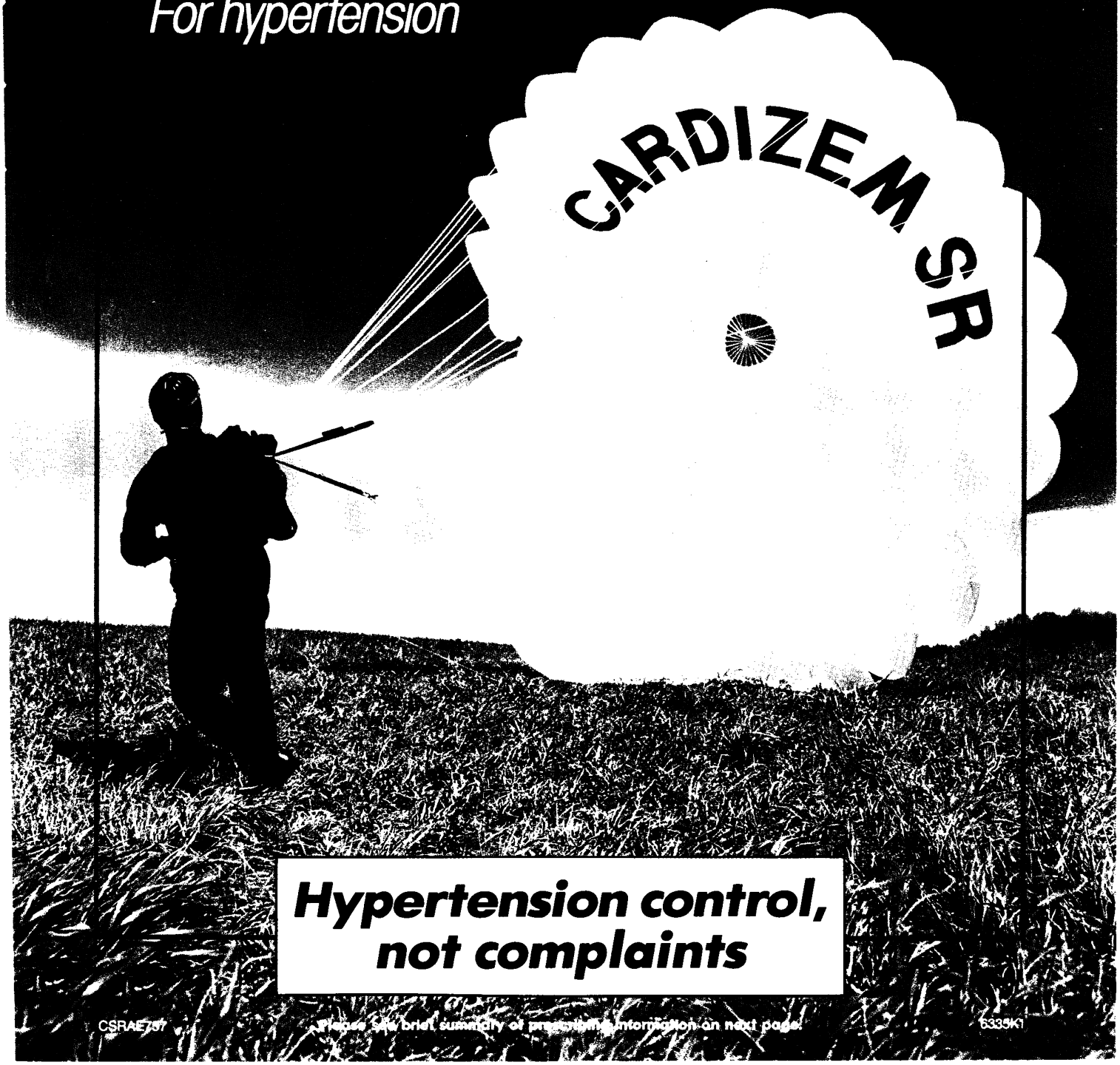
For Brief Summary, please see following page.

MJL8-4270

DOWN SAFE

CARDIZEM® SR
(diltiazem HCl) sustained release capsules

For hypertension



Hypertension control, not complaints

CSRAE757

Please see brief summary of prescribing information on next page.

6335K1

Rx Cardizem SR 90 mg Sig: Cap i bid

Dosage flexibility:

90 mg SR

120 mg SR

CARDIZEM® SR

(diltiazem HCl) sustained release capsules

For hypertension

- **Unsurpassed efficacy**
- **Low side-effect profile**
- **Convenient bid dosage**

BRIEF SUMMARY
CARDIZEM® SR
(diltiazem hydrochloride)
Sustained Release Capsules
CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by X-ray on admission.

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (nine of 2,111 patients or 0.43%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interaction. Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with any agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Dosages of similarly metabolized drugs, particularly those of low therapeutic ratio or in patients with renal and/or hepatic impairment, may require adjustment when starting or stopping concomitantly administered CARDIZEM to maintain optimum therapeutic blood levels.

Beta-blockers: Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.

Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)

Cimetidine: A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1,200 mg per day and diltiazem 60 mg per day. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.

Digitalis: Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing CARDIZEM therapy to avoid possible over- or underdigitalization. (See WARNINGS.)

Anesthetics: The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.

The adverse events described below represent events observed in clinical studies of hypertensive patients receiving either CARDIZEM Tablets or CARDIZEM SR Capsules as well as experiences observed in studies of angina and during marketing. The most common events in hypertension studies are shown in a table with rates in placebo patients shown for comparison. Less common events are listed by body system; these include any adverse reactions seen in angina studies that were not observed in hypertension studies. In all hypertensive patients studied (over 900), the most common adverse events were edema (9%), headache (8%), dizziness (6%), asthenia (5%), sinus bradycardia (3%), flushing (3%), and 1° AV block (3%). Only edema and perhaps bradycardia and dizziness were dose related. The most common events observed in clinical studies (over 2,100 patients) of angina patients and hypertensive patients receiving CARDIZEM Tablets or CARDIZEM SR Capsules were (ie, greater than 1%) edema (5.4%), headache (4.5%), dizziness (3.4%), asthenia (2.8%), first-degree AV block (1.8%), flushing (1.7%), nausea (1.6%), bradycardia (1.5%), and rash (1.5%).

DOUBLE BLIND PLACEBO CONTROLLED HYPERTENSION TRIALS

Adverse	Diltiazem N = 315 # pts (%)	Placebo N = 211 # pts (%)
headache	38 (12%)	17 (8%)
AV block first degree	24 (7.6%)	4 (1.9%)
dizziness	22 (7%)	6 (2.8%)
edema	19 (6%)	2 (0.9%)
bradycardia	19 (6%)	3 (1.4%)
ECG abnormality	13 (4.1%)	3 (1.4%)
asthenia	10 (3.2%)	1 (0.5%)
constipation	5 (1.6%)	2 (0.9%)
dyspepsia	4 (1.3%)	1 (0.5%)
nausea	4 (1.3%)	2 (0.9%)
palpitations	4 (1.3%)	2 (0.9%)
polyuria	4 (1.3%)	2 (0.9%)
somnolence	4 (1.3%)	—
alk phos increase	3 (1%)	1 (0.5%)
hypotension	3 (1%)	1 (0.5%)
insomnia	3 (1%)	1 (0.5%)
rash	3 (1%)	1 (0.5%)
AV block second degree	2 (0.6%)	—

In addition, the following events were reported infrequently (less than 1%) with CARDIZEM SR Capsules or CARDIZEM Tablets or have been observed in angina or hypertension trials.

Cardiovascular: Angina, arrhythmia, second- or third-degree AV block (see conduction warning), bundle branch block, congestive heart failure, syncope, tachycardia, ventricular extrasystoles.
Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, nervousness, paresthesia, personality change, tremor.
Gastrointestinal: Anorexia, diarrhea, dry mouth, dysgeusia, mild elevations of SGOT, SGPT, and LDH (see Hepatic Warnings), thirst, vomiting, weight increase.
Dermatological: Petechiae, photosensitivity, pruritus, urticaria.
Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarticular pain, sexual difficulties, tinnitus.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, erythema multiforme, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. There have been observed cases of a generalized rash, characterized as leukocytoclastic vasculitis. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the natural history of the disease in these patients. A definitive cause and effect relationship between these events and CARDIZEM therapy cannot yet be established. Exfoliative dermatitis (proven by rechallenge) has also been reported.

Issued 1/91

MARION MERRELL DOW INC.
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What we've done for you lately.

We've taken some concrete steps toward making the less exciting parts of your job less of a problem.

Here's what we did.

We developed ways to speed up claims processing and payments. So you can spend more time worrying about patients, and less time worrying about paperwork.

Our new One Call system helps speed up utilization review and preauthorization. So you can get immediate answers to your benefit and eligibility questions with just one call.

And without being transferred or put on hold.

We've also developed a program called Claim Free,℠ which further expedites the reimbursement process by eliminating paper claims for both you and your Medicare subscribers.

We're continuing to make these changes for one simple reason: The whole point of health care is to take care of people.

And, by taking better care of you, we're doing just that.

Blue Cross of California

We care about what's good for you.

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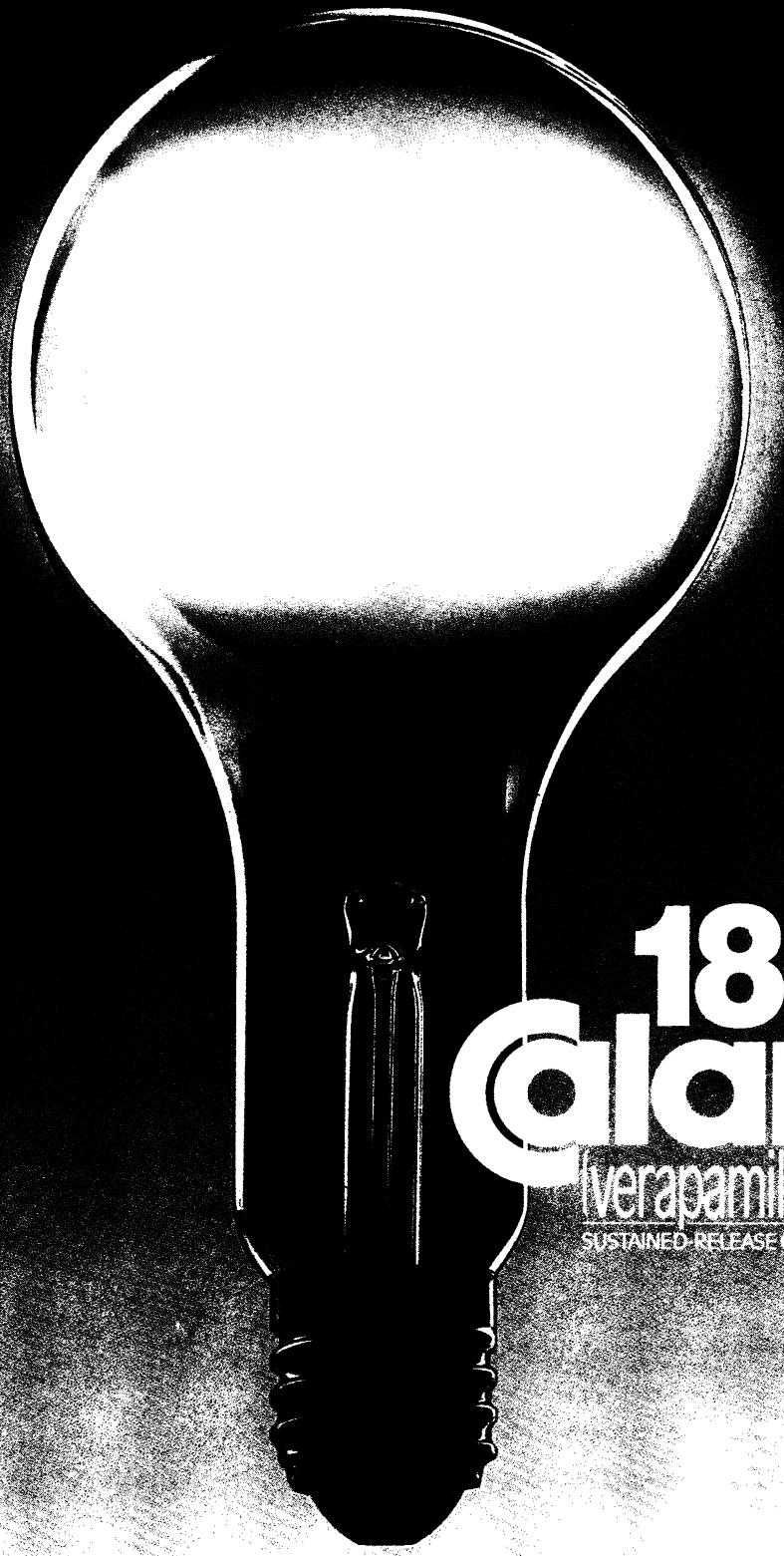
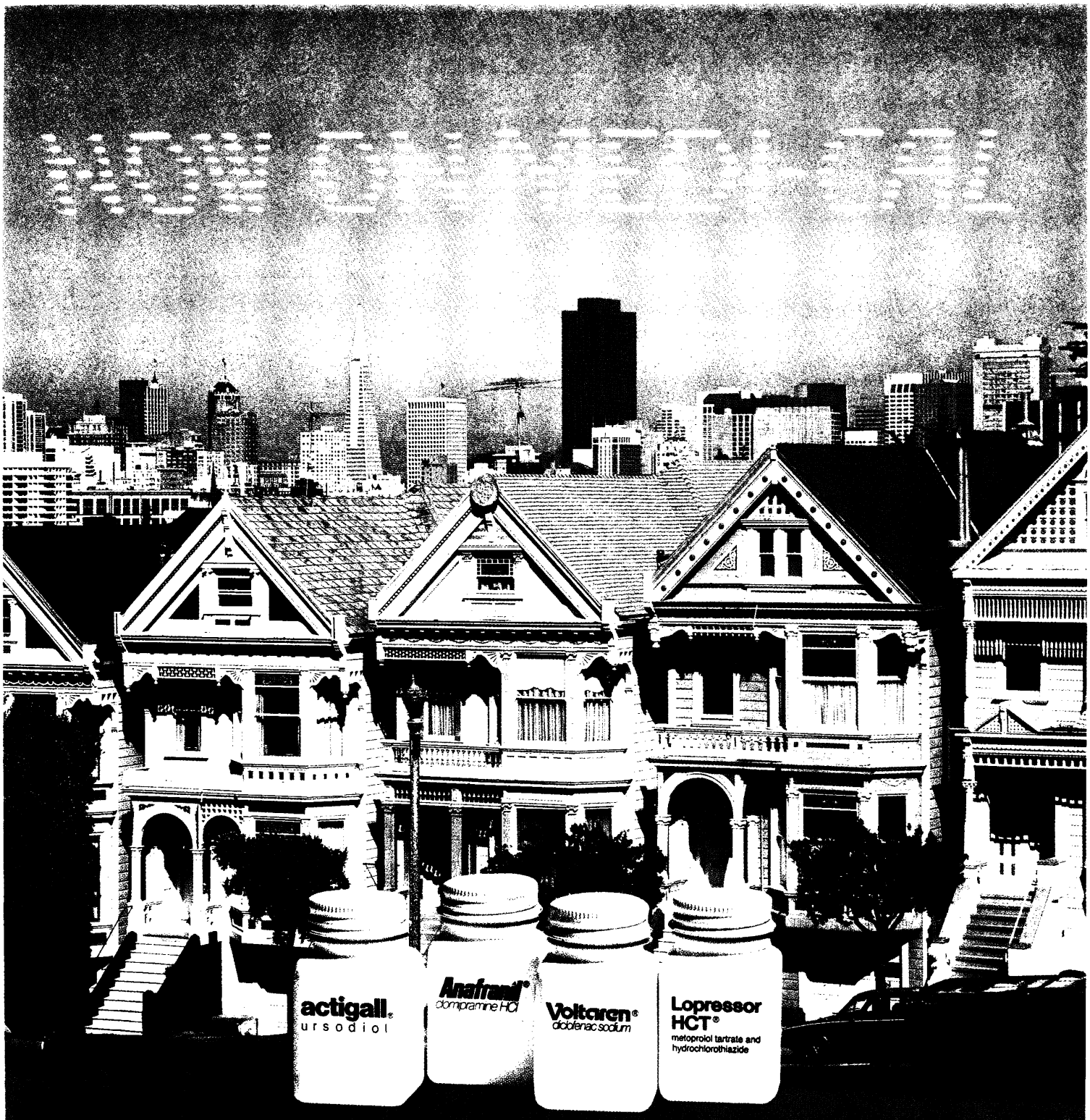


180 mg

Calan® SR

(verapamil HCl)

SUSTAINED-RELEASE CAPLETS



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TAR no longer needed*

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ursodiol

300-mg capsules S4 3970 B
Summit Pharmaceuticals

CIBA–GEIGY

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clomipramine HCl

25-mg capsules CP 2623 C
50-mg capsules CP 2623 F
75-mg capsules CP 2623 J
CIBA Pharmaceutical Company

Voltaren®
diclofenac sodium

25-mg tablets GE 2052 C
50-mg tablets GE 2052 E
75-mg tablets GE 2052 H
Geigy Pharmaceuticals

Lopressor HCT®
metoprolol tartrate
and hydrochlorothiazide

50/25-mg tablets GE 3112 B
100/25-mg tablets GE 3112 D
100/50-mg tablets GE 3112 E
Geigy Pharmaceuticals

*Treatment Authorization Request no longer needed for Actigall, Anafranil, and Voltaren, effective 7/1/91; Lopressor HCT, effective 8/1/91

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Your patients deserve first-time success*...

Now on Medi-Cal!

For Code 1 L.R.T.I. patients
50 years and older
Billing code 0225 BE

Prescribe

AUGMENTIN®

amoxicillin/clavulanate potassium

First-line for all the right reasons

*Please see brief summary of prescribing information on adjacent page. Clinical success rate for bronchitis and pneumonia was 98%. Data on file, Medical Department, SmithKline Beecham Pharmaceuticals.

SB
SmithKline Beecham
Pharmaceuticals

Philadelphia, PA 19101

Brief Summary of Prescribing Information

AUGMENTIN amoxicillin/clavulanate potassium

Indications and Usage: *Augmentin* is indicated in the treatment of infections caused by susceptible strains of the designated organisms in the conditions listed below:

Lower Respiratory Infections caused by β-lactamase-producing strains of *Hemophilus influenzae* and *Branhamella catarrhalis*.
Otitis Media caused by β-lactamase-producing strains of *Hemophilus influenzae* and *Branhamella catarrhalis*.
Sinusitis caused by β-lactamase-producing strains of *Hemophilus influenzae* and *Branhamella catarrhalis*.
Skin and Skin Structure Infections caused by β-lactamase-producing strains of *Staphylococcus aureus*, *E. coli*, and *Klebsiella* spp.
Urinary Tract Infections caused by β-lactamase-producing strains of *E. coli*, *Klebsiella* spp. and *Enterobacter* spp.

While *Augmentin* is indicated only for the conditions listed above, infections caused by ampicillin-susceptible organisms are also amenable to *Augmentin* treatment due to its amoxicillin content. Therefore, mixed infections caused by ampicillin susceptible organisms and β-lactamase-producing organisms susceptible to *Augmentin* should not require the addition of another antibiotic.

Bacteriological studies, to determine the causative organisms and their susceptibility to *Augmentin*, should be performed together with any indicated surgical procedures.

Therapy may be instituted prior to obtaining the results from bacteriological and susceptibility studies to determine the causative organisms and their susceptibility to *Augmentin* when there is reason to believe the infection may involve any of the β-lactamase-producing organisms listed above. Once the results are known, therapy should be adjusted, if appropriate.

Contraindications: A history of allergic reactions to any penicillin is a contraindication.

WARNINGS: SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (ANAPHYLACTOID) REACTIONS HAVE BEEN REPORTED IN PATIENTS ON PENICILLIN THERAPY. ALTHOUGH ANAPHYLAXIS IS MORE FREQUENT FOLLOWING PARENTERAL THERAPY, IT HAS OCCURRED IN PATIENTS ON ORAL PENICILLINS. THESE REACTIONS ARE MORE LIKELY TO OCCUR IN INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY AND/OR A HISTORY OF SENSITIVITY TO MULTIPLE ALLERGENS. THERE HAVE BEEN REPORTS OF INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY WHO HAVE EXPERIENCED SEVERE REACTIONS WHEN TREATED WITH CEPHALOSPORINS. BEFORE INITIATING THERAPY WITH ANY PENICILLIN, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLINS, CEPHALOSPORINS, OR OTHER ALLERGENS. IF AN ALLERGIC REACTION OCCURS, *AUGMENTIN* SHOULD BE DISCONTINUED AND THE APPROPRIATE THERAPY INSTITUTED. **SERIOUS ANAPHYLACTOID REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE, OXYGEN, INTRAVENOUS STEROIDS, AND AIRWAY MANAGEMENT, INCLUDING INTUBATION, SHOULD ALSO BE ADMINISTERED AS INDICATED.**

Precautions: General: While *Augmentin* possesses the characteristic low toxicity of the penicillin group of antibiotics, periodic assessment of organ system functions, including renal, hepatic and hematopoietic function, is advisable during prolonged therapy.

A high percentage of patients with mononucleosis who receive ampicillin develop a skin rash. Thus, ampicillin class antibiotics should not be administered to patients with mononucleosis.

The possibility of superinfections with mycotic or bacterial pathogens should be kept in mind during therapy. If superinfections occur (usually involving *Pseudomonas* or *Candida*), the drug should be discontinued and/or appropriate therapy instituted.

Drug Interactions: Probenecid decreases the renal tubular secretion of amoxicillin. Concurrent use with *Augmentin* may result in increased and prolonged blood levels of amoxicillin.

The concurrent administration of allopurinol and ampicillin increases substantially the incidence of rashes in patients receiving both drugs as compared to patients receiving ampicillin alone. It is not known whether this potentiation of ampicillin rashes is due to allopurinol or the hyperuricemia present in these patients. There are no data with *Augmentin* and allopurinol administered concurrently.

Augmentin should not be co-administered with Antabuse® (disulfiram).

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic or mutagenic potential.

Pregnancy (Category B): Reproduction studies have been performed in mice and rats at doses up to ten (10) times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to *Augmentin*. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery: Oral ampicillin class antibiotics are generally poorly absorbed during labor. Studies in guinea pigs have shown that intravenous administration of ampicillin decreased the uterine tone, frequency of contractions, height of contractions and duration of contractions. However, it is not known whether the use of *Augmentin* in humans during labor or delivery has immediate or delayed adverse effects on the fetus, prolongs the duration of labor or increases the likelihood that forceps delivery or other obstetrical intervention or resuscitation of the newborn will be necessary.

Nursing Mothers: Ampicillin class antibiotics are excreted in the milk; therefore, caution should be exercised when *Augmentin* is administered to a nursing woman.

Adverse Reactions: *Augmentin* is generally well tolerated. The majority of side effects observed in clinical trials were of a mild and transient nature and less than 3% of patients discontinued therapy because of drug-related side effects. The most frequently reported adverse effects were diarrhea/loose stools (9%), nausea (3%), skin rashes and urticaria (3%), vomiting (1%) and vaginitis (1%).

The overall incidence of side effects, and in particular diarrhea, increased with the higher recommended dose. Other less frequently reported reactions include: abdominal discomfort, flatulence and headache.

The following adverse reactions have been reported for ampicillin class antibiotics:

Gastrointestinal: Diarrhea, nausea, vomiting, indigestion, gastritis, stomatitis, glossitis, black "hairy" tongue, enterocolitis and pseudomembranous colitis.

Hypersensitivity reactions: Skin rashes, urticaria, angioedema, serum sickness-like reactions (urticaria or skin rash accompanied by arthritis/arthralgia, myalgia, and frequently fever), erythema multiforme (rarely Stevens-Johnson Syndrome), and an occasional case of exfoliative dermatitis have been reported. These reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Whenever such reactions occur, the drug should be discontinued, unless the opinion of the physician dictates otherwise. Serious and occasional fatal hypersensitivity (anaphylactic) reactions can occur with oral penicillin (See Warnings).

Liver: A moderate rise in SGOT, SGPT, AST, and/or ALT has been noted in patients treated with ampicillin class antibiotics including *Augmentin*. The significance of these findings is unknown. As with some other penicillins and some cephalosporins, hepatic dysfunction has been reported rarely, with the predominant effects being cholestatic, hepatocellular, or mixed cholestatic-hepatocellular. Signs/symptoms may appear during or after therapy and they resolve completely over time.

Hemic and Lymphatic Systems: Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia and agranulocytosis have been reported during therapy with penicillins. These reactions are usually reversible on discontinuation of therapy and are believed to be hypersensitivity phenomena. A slight thrombocytosis was noted in less than 1% of the patients treated with *Augmentin*.

Central Nervous System: Reversible hyperactivity, agitation, anxiety, insomnia, confusion, behavioral changes, and/or dizziness have been reported rarely.

Dosage: Adults: The usual adult dose is one *Augmentin* '250' tablet every eight hours. For more severe infections and infections of the respiratory tract, the dose should be one *Augmentin* '500' tablet every eight hours.

Since both the *Augmentin* '250' and '500' tablets contain the same amount of clavulanic acid (125 mg, as the potassium salt), two *Augmentin* '250' tablets are not equivalent to one *Augmentin* '500' tablet. Therefore, two *Augmentin* '250' tablets should not be substituted for one *Augmentin* '500' tablet for treatment of more severe infections.

Children: The usual dose is 20 mg/kg/day, based on amoxicillin component, in divided doses every eight hours. For otitis media, sinusitis and other more severe infections, the dose should be 40 mg/kg/day, based on the amoxicillin component, in divided doses every eight hours. Also available as *Augmentin* '125' and '250' chewable tablets.

Children weighing 40 kg and more should be dosed according to the adult recommendations.

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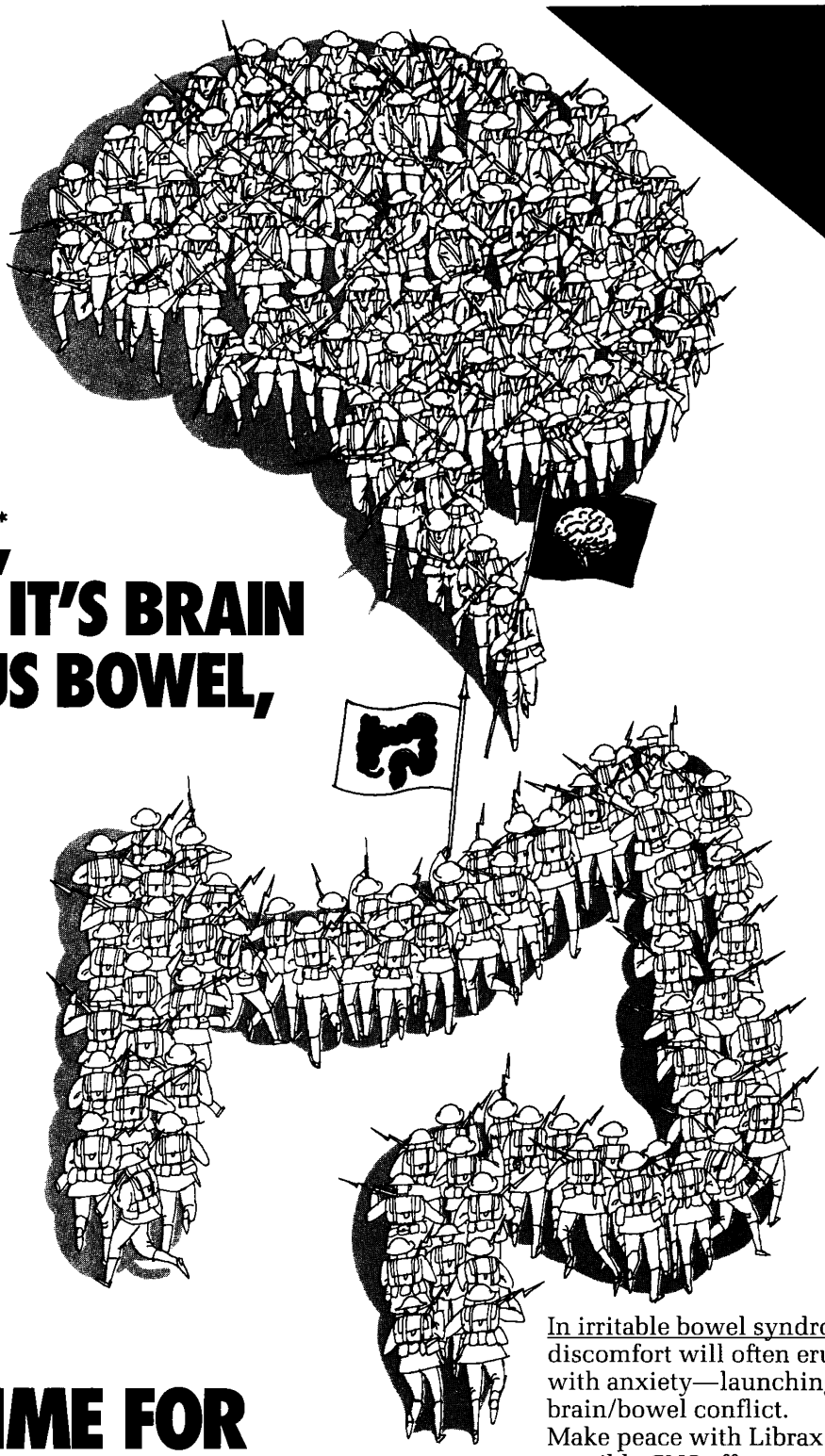
9417095

Be sure to specify Librax, "Do Not Substitute" or your state's equivalent statement on your prescription.



IN IBS*, WHEN IT'S BRAIN VERSUS BOWEL,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict.
Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

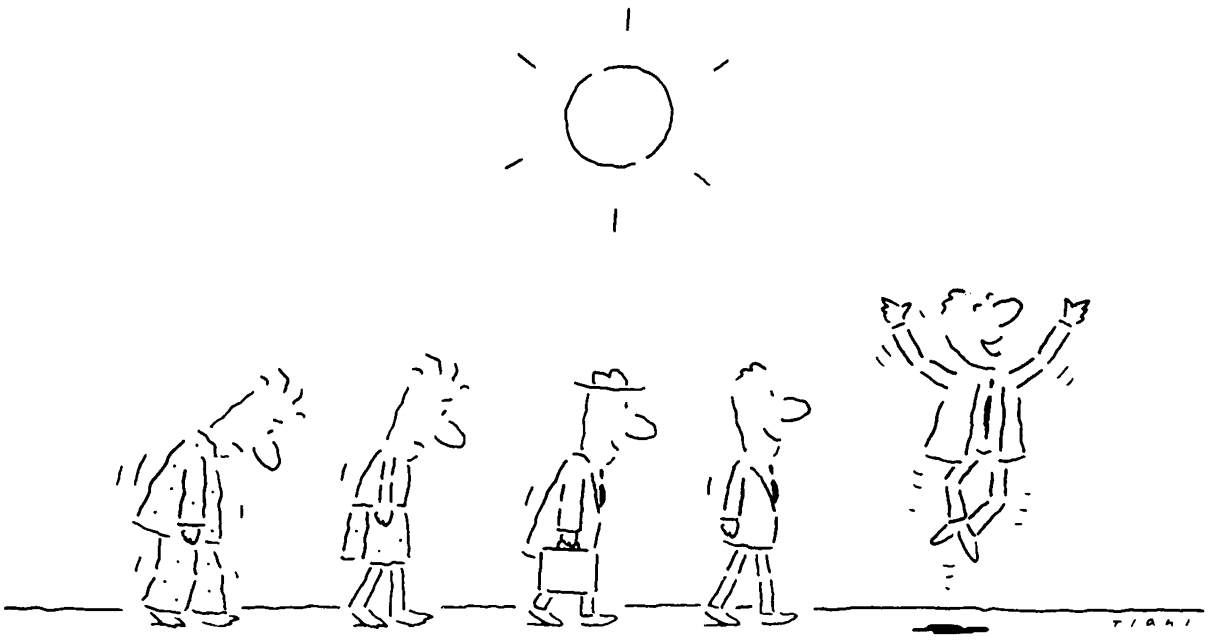
Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

ROCHE

Please see summary of prescribing information on adjacent page.



Ulcer pain relief...

One day is all it takes.

For acute peptic ulcer

400 mg b.i.d./800 mg Tiltab® h.s. Tablets

Tagamet®

brand of cimetidine

Before prescribing, please see brief summary of prescribing information on adjacent page.

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OB/GYN, INTERNISTS, Family Practitioners, Pediatricians for Arizona and western opportunities. Quality positions available other regions of country. Inquiries confidential. Mitchell & Associates, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

MULTIPLE FAMILY PRACTICE (BC/BE) positions available in several suburban satellite clinics of a large Seattle area multispecialty group practice. Diverse patient population includes managed care, fee-for-service, and retired military (at some satellite clinics). Competitive salary and excellent benefits. Contact Mary Anderson, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

URGENT CARE/PRIMARY CARE PHYSICIANS for over 90 positions available with various physician groups in Phoenix metropolitan/Tucson, Arizona. Excellent compensation and partnership opportunities. Contact Mitch Young, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

OB/GYN. Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

OB/GYN. BC/BE to join 20 physician (OB, Pediatrics, Internal Medicine) practice in sunny central Washington. Reasonable call schedule with three OB/GYN department. Loan repayment program available. Competitive salary, excellent benefit package including vacation at 30 days per year and professional liability. Contact Ann Garza, Yakima Valley Farm Workers Clinic, PO Box 190, Toppenish, WA 98948; (509) 865-5898.

OPPORTUNITY for full- and part-time Emergency Physicians. Excellent fee-per-patient load ratio. Malpractice paid. Also, Emergency Department/Family Practice positions for urgent care/industrial center. Send CV to Front Line Community Physicians, PO Box 10610, Santa Ana, CA 92711, or contact Medical Director at (714) 771-3290.

PHYSICIANS WANTED

YELLOWSTONE NATIONAL PARK

Full-time position available for Family Practice physician at Mammoth Clinic. Send CV to Lois Lounsbury, Box 3278, Yellowstone, WY 82190 or call (307) 242-7241, FAX: (307) 242-7319.

FAMILY PRACTICE-HOSPITAL SPONSORED CLINIC OPPORTUNITY. Dynamic, growth oriented hospital in beautiful north central Wisconsin is seeking Family Physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc, France Place, Ste 920, 3601 Minnesota Dr, Bloomington, MN 55435; (612) 835-5123.

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UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER. The University of California, Davis, Department of Emergency Medicine is searching for physicians residency trained or BC in Emergency Medicine. The Health Science Campus is located in Sacramento and serves a large area of northern California. The Emergency Department cares for over 60,000 patients a year. The Center operates as a Level One Trauma Center, has paramedic base station training responsibilities, and has a helicopter service. An approved Emergency Medicine Residency Program began in July 1990. Emergency Physicians supervise medical students, interns, and residents, in addition to having direct patient responsibilities. Support for clinical research is available to those interested. University compensation is competitive, and fringe benefits include health and dental insurance, three weeks paid vacation, one week continuing medical education, social security, UC retirement plan, 12 paid holidays per year, and full malpractice coverage. Send CV to Robert W. Derlet, MD, Chief, Division of Emergency Medicine, University of California, Davis, Medical Center, 2315 Stockton Blvd, Sacramento, CA 95817.

EMERGENCY MEDICINE. Emergency Medicine group seeking career oriented ACLS, ATLS certified physician for an immediate opening. Moderate volume; income $140,000 plus. Great outdoor activities including hunting, fishing, boating, skiing, sailing, camping, and hiking in south central Washington on the Columbia River. Send CV to Kennewick Emergency Physicians, PS, PO Box 6192, Kennewick, WA 99336-6192; or call (509) 627-1798.

(Continued on Page 204)

(Continued from Page 202)

PHYSICIANS WANTED

PHYSICIAN OPPORTUNITIES NATIONWIDE
For all specialities for hospitals, clinics, multi-specialty groups, partnership and solos. Contact Jim Grant in complete confidence at the bay area specialists. **G & G Physician Services, 1400 Coleman, Ste B-22, Santa Clara, CA 95050; or call (800) 727-2478, FAX # (408) 727-7390.** Never a fee to the physician.

WASHINGTON, PUGET SOUND. Full- or part-time position with expanding physician owned group. Well established, practicing adult Emergency Medicine. High level of Critical Care with excellent medical staff. Great flexibility in scheduling to enjoy the northwest. Partnership potential. Malpractice paid. ABEM certification or preparation required. Send CV to TECP, 955 Tacoma Ave S., Ste 210, Tacoma, WA 98402; (206) 627-2303.

WASHINGTON. Openings for career oriented Emergency Physicians, BC in Emergency or Primary medical specialty. Seattle metropolitan hospital with 54,000 annual visits. Excellent salary in a stable growing group. Contact Dan Hiatt in care of Linda Johnson, 8009 S. 180th, Ste 110, Kent, WA 98032; (206) 575-2595.

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BC/BE FAMILY PRACTITIONER, OB-competent, for nonprofit community clinic in California redwood country. Rural but sophisticated university town. Contact Donald Verwayen, Northcountry Clinic, 785 18th St, Arcata, CA 95521; (707) 822-2481.

INTERNIST. Immediate opening. Large, established, rapidly growing Los Angeles medical facility. High salary. Full benefits. Malpractice insurance paid. Contact Mr Miller; (213) 384-2504.

PATHOLOGIST, BC/BE—CENTRAL CALIFORNIA VALLEY. Seven member group seeks associate for independent multiple hospital and private laboratory practice. Send CV to Robert F. Chard, MD, Delta Pathology Associates Medical Group, 2291 W. March Ln, Ste 179E, Stockton, CA 95207.

FAMILY PRACTICE RESIDENCY FACULTY POSITION—CASPER, WYOMING. University of Wyoming Family Practice Residency-Casper is seeking an experienced, clinically oriented, BC Pediatrician to be the Pediatric Coordinator of an 8-8-8 Family Practice residency program. Level II Nursery skills are a must. 60% teaching, 20% direct patient care, 20% research. This is a tenure track position. University approval will be required prior to filling this position. Come join us in beautiful Wyoming. The University of Wyoming is an affirmative action/EOE. Contact Dr David Driggers, Director, University of Wyoming Family Practice Residency, 1522 E. "A" St, Casper, WY 82601; (307) 266-3076.

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OREGON. General Internal Medicine and Family Practice, BC/BE, sought for 10 member, multispecialty group in beautiful rural community, population 16,500, 38 miles southwest of Portland. Send CV to Administrator, 420 E. Fifth St, McMinnville, OR 97128; (503) 472-6161.

ARIZONA—OPPORTUNITIES TO EQUAL YOUR AMBITIONS. Thomas-Davis Medical Centers, PC, a rapidly expanding multispecialty group practice of 150 plus physicians in 13 clinic locations throughout Arizona has positions available in Family Practice, Internal Medicine, OB/GYN, Pediatrics, and Orthopedics. Exceptional benefit package, profit sharing, and retirement program. Guarantee for first two years, plus incentive. Early shareholder. Fee-for-service, as well as physician owned HMO. Must be BC/BE. Call or write Bill De Long at Thomas-Davis Medical Centers, PC, PO Box 12650, Tucson, AZ 85732; 1 (800) 658-9166.

FAMILY PRACTICE, BC/BE to join group practice in growing southwestern town. Full service clinic, 280-bed hospital. Offering competitive salary, equal call schedule, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

PEDIATRICIAN, BC/BE to join group Family Practice/Pediatrics. Growing community with growing pediatric population. Active Nursery Level II hospital and nursery with NNP coverage. Offering competitive salary, equal call schedules, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

MEMORIAL CLINIC offers excellent opportunity for BC/BE Family Practitioner to establish a second Family Practice neighborhood clinic. OB optional. Competitive salary and excellent benefits. Send CV to Memorial Clinic, Attention Inge Hart, 500 Lilly Rd, N.E., Olympia, WA 98506; (206) 456-1122, ext 249.

NORTHERN CALIFORNIA

San Jose's leading multispecialty group is growing. We are seeking BE/BC physicians in the following specialties:

- Urgent Care
- Family Practice
- Internal Medicine
- OB/GYN

If you are committed to excellence and strongly motivated for success, we would like to hear from you. Please send your CV to Maureen Forrester, San Jose Medical Group, Inc, 45 S 17th St, San Jose, CA 95112; **or call (408) 282-7833.**

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Become part of the tradition. **Call Tim Skinner, Manager, Physician Recruitment, COLLECT at 1-608-782-7300.** Or send your CV to him: **Gundersen Clinic, Ltd. 1836 South Avenue, Dept. W-7, La Crosse, WI 54601.** An equal opportunity employer.

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OB/GYN—Southern California. Career opportunities for ambitious Obstetricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE Physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

PEDIATRICIANS—Southern California. Challenging career opportunities for Pediatricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

ORTHOPEDIC SURGEONS. Orthopedic Surgeon for busy Orthopedic service in 223-bed teaching hospital with residencies in General Surgery, Internal Medicine, OB/GYN, and Family Practice. Should be BC/BE. Experience in Arthroscopy preferred. Salary and compensation plan negotiable depending on experience. Hospital located in beautiful northern San Joaquin valley close to major cities and skiing areas. Please submit CV and references or contact Nathaniel Matolo, MD, Chief of Surgery, San Joaquin General Hospital, PO Box 1020, Stockton, CA 95201; (209) 468-6600. AA/EOE.

KETCHIKAN, ALASKA. University of Washington-affiliated Family Practice seeking BC Family Physician interested in teaching and providing excellent medical care. Accredited hospital in scenic southeast Alaska. 12 years of Family Medicine students and residents through WAMI program. Fee-for-service practice. Comprehensive benefits. Negotiable salary. Stable community with wide range of activities and opportunities. Contact David Johnson, MD, or Bill Henrickson, MD, Ketchikan Medical Clinic, Inc, 3612 Tongass Ave, Ketchikan, AK 99901; phone collect (907) 225-5145.

(Continued on Page 205)

(Continued from Page 204)

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CALIFORNIA MULTISPECIALTY. Dermatologist, Radiologist, Otorhinolaryngologist, General Surgeon, Cardiologist, Internal Medicine, Pediatrician, Gastroenterologist, Orthopedist, General/Family Practitioner, Obstetrician/Gynecologist. Excellent opportunity for physicians in Los Angeles suburb to join 100 member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit sharing and pension plan. Group provides health, dental, life, and malpractice. Partnership in real estate and medical corporation available. Send CV to Ron McDaniel, Assistant Administrator, Mullikin Medical Center–5, 17821 S. Pioneer Blvd, Artesia, CA 90701.

CALIFORNIA MEDICAL/LEGAL DISABILITY EVALUATIONS opportunities available in San Jose and Fremont, California for BC physicians in Orthopedics, Neurology, Ophthalmology, Otolaryngology, Psychiatry, Toxicology, and Cardiology with multispecialty forensic medical evaluation group. Practice limited to evaluations. Excellent opportunity to supplement income. Send inquiry and CV to Martie Woodson, QMA, 39039 Paseo Padre Pkwy, Fremont, CA 94538; (415) 792-7271.

DIAGNOSTIC RADIOLOGIST. Position for a BC Radiologist to provide sole coverage for a 27-bed hospital in a southeast Idaho community of 20,000. Immediate potential for a $220,000 practice while still having time to enjoy geographical amenities. Contract available. Please call or write Randall G. Holom, 1224 8th St, Rupert, ID 83350; (208) 436-0481.

(Continued on Page 206)

COMPANY STAFF PHYSICIAN

Lockheed Missiles & Space Company has an immediate need for a Staff Physician to join our Occupational Medical Facility in Sunnyvale, California.

In this position, you will evaluate injuries and illnesses of LMSC employees and determine the best method of treatment, as well as assess the causes of trauma within the framework of Workers' Compensation Law. You will also be responsible for emergency care for cardiac problems, asthma, anaphylaxis and severe injuries. You will be required to coordinate with appropriate resources within the company such as Industrial Hygiene, Safety Engineering, Fire Specialists and Line Management. In addition, you will perform routine exams for OSHA, new hires, and employees returning to work.

To qualify for this opening, you must be an MD licensed in California and have prior experience in an occupational medicine setting, including E.K.G. and X-ray interpretation. Residency in Occupational, Family Practice, or Internal Medicine is preferred, with board certified/eligibility in occupational medicine a plus.

This position is 40 hours per week, with no weekend coverage or on-call duty. Lockheed offers excellent benefits and professional liability coverage.

For immediate consideration, please forward your resume to Ursula Allen, Lockheed Missiles & Space Company, Professional Staffing, Dept. 354PEUA, P.O. Box 3504, Sunnyvale, CA 94088-3504. Lockheed is an equal opportunity, affirmative action employer.

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(Continued from Page 205)

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DENVER PSYCHIATRISTS. Progressive suburban Denver, public and private, CMHC has full- and part-time openings in varied and challenging positions. Openings include outpatient, inpatient, and partial hospitalization. These can be put together in interesting combinations that eliminate boring and repetitive work. Salaries are competitive and benefits include malpractice, health, dental, and life insurance with liberal retirement, maternity and leave policies. Contact Robert J. Nathan, MD, Medical Director, Jefferson Center for Mental Health, 5265 Vance St, Arvada, CO 80002; (303) 425-0300. EOE M/F/H/V.

NORTHERN CALIFORNIA GENERAL SURGEON. Opportunity for General Surgeon with thoracic and vascular experience. Salary leading to partnership. Surgical group in northern California rural community. Excellent quality of life. Reply to 1165 S Dora, Ste A-3, Ukiah, CA 95482; (707) 462-7579.

CARDIOLOGIST—BC/BE, invasive or noninvasive, to join busy practice in beautiful northern Utah college community. New cath lab. Complete echo/nuclear services. Send CV to Number 240, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

SAN FRANCISCO BAY AREA. Energetic, recently trained BC/BE General Internist needed for 12 MD satellite of Palo Alto Medical Clinic, a 150 physician multispecialty group with a national reputation for innovation and excellence. Broad inpatient/outpatient Internal Medicine practice in growing bay area community. Excellent location with convenient access to San Francisco and Stanford. Competitive compensation/benefits package. Early partnership. Please send CV to David Hooper, PAMC Fremont Center, 39500 Liberty St, Fremont, CA 94538.

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physicians to join Family Walk-In Medical Centers' staff, a growing health care provider with 2 medical centers in Fresno, California, which is located in the Central San Joaquin Valley. Fresno metropolitan area has a population of over 400,000. Easy access to major metropolitan areas, Pacific coast and the Sierras. Salary guarantee of $100K to $120K for Family Practice, Internal Medicine, and Pediatric physicians; $150K for Surgeons, or equal to an average of the last two years' earnings, whichever is greater. Malpractice paid. Excellent working conditions. Contact:

Phyllis Brotherton
Family Walk-In Medical Centers
PO Box 27680
Fresno, CA 93729-7680

INTERNISTS/FAMILY PHYSICIANS—PACIFIC NORTHWEST. Live in beautiful Gig Harbor, Washington and work in nearby Tacoma. Outstanding opportunity for General Internists and Family Physicians with an interest in Geriatrics. Offices on campus of recently renovated 100-bed hospital with new ambulatory center. Generous incentive package includes guarantee, office overhead, practice management and more. Shared call and office arrangement available. For more information, please contact Ken Baker, President, Physician Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

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INTERNIST—SAN FRANCISCO BAY AREA. Turnkey opportunity for BC/BE clinician interested in assuming substantial private practice available as the result of physician's relocation for personal reasons. A growth area with rapid expansion potential located adjacent to a modern tertiary hospital with excellent ancillary and support services. Overhead and malpractice covered with a competitive salary plus generous incentive with an ownership or equity option provided. Send CV to Fremont Medical Group, 33319 Palomares Rd, Castro Valley, CA 94552.

BEAUTIFUL MONTEREY BAY. Immediate opportunity for a friendly, skilled, Family Practice or Emergency Physician to join highly respected Urgent Care group with two beautiful Santa Cruz clinics. Committed to high quality care. Nice people, flexible scheduling, comprehensive benefits, including paid malpractice, group health insurance, long-term disability insurance, no nights, rapid advancement to full partnership in an outstanding place to live. Please send CV to Stuart Simon, MD, 6800 Soquel Dr, Aptos, CA 95003; or call (408) 662-3611.

MONTEREY BAY. Immediate opportunity for full-time/part-time Internist/Family Practitioner to join busy, well established and respected group practice. Excellent laboratory and x-ray facilities. Send CV to Thorngate Medical Group, attn. Jean Reynolds, 1011 Cass St, Ste 201, Monterey, CA 93940.

FAMILY PHYSICIANS. Take over a busy practice in southern California (gross $300,000 plus). Join a 26 physician Primary Care group near Seattle, Washington, or let our client assist you to start-up/join a practice in Monterey Bay. We will personally work with you to meet the needs of you and your family. For more information, please contact Ken Baker, President, Physician Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

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PHYSICIANS WANTED

COPPEROPOLIS, CALIFORNIA. Fast-growing central Sierra Motherlode town needs full- or part-time physician, Nurse Practitioner, or Physician Assistant. Population is approximately 4500. Closest town is Sonora. Office space available for rent or purchase. Near lake, boating, fishing, camping, hunting, etc. Call (209) 795-4425 days or evenings.

SUN VALLEY, IDAHO. Unique opportunity for BC/BE Radiologist seeking relaxed but intellectually stimulating position, flexible schedule and ample free time. No angio, limited interventional. Otherwise all modalities including MRI. Income moderate, quality of life stellar. Drs. Taylor or Davis, Box 242, Sun Valley, ID 83353; (208) 622-3323, ext 165.

ASSOCIATION AVAILABLE in semi-rural town, one hour from Seattle and one half hour from Tacoma. OB optional. Growing community close to mountains and Puget Sound. Owner to retire in three to four years. Contact D.A. Tait MD, Inc, PS, PO Box 164, Buckley, WA 98321; (206) 829-1444.

CALIFORNIA. Physician Recruiting Services available to solo practitioners, single and multispecialty clinics, and hospitals. Placement positions available in Family Practice, Dermatology, Internal Medicine, OB/GYN, Neurology, General Surgery, and others. For information call Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762.

SAN FRANCISCO AREA. Multiple practice opportunities in desirable suburb. Near water and mountains for recreation. Partnership, Family Practice group—urgicenter. Excellent compensation package. Call Pat Wall at (800) 462-1857.

INTERNISTS/FAMILY AND GENERAL PRACTITIONERS. Immediate openings in a large multispecialty spine and sports medicine practice with clinics in the San Francisco bay area. Physicians will be thoroughly trained in the diagnosis and treatment of acute and chronic musculoskeletal problems of professional athletes and injured workers. Reply in confidence to Lynn White, SpineCare and SOAR Medical Groups, 1850 Sullivan Ave, Daly City, CA 94015; (415) 985-7500.

GENERAL PHYSICIANS AND INTERNISTS. Physicians' salary to $67,584. Internists' (BE/BC) salary to $74,592. Western State Hospital is a fully accredited (JCAHO) and certified (HCFA) hospital. The hospital is associated with the University of Washington Medical School with clinical faculty appointment possible. A research institute with the University is now being developed. Western currently has a physicians' staff of 60, including 35 Psychiatrists and 6 Internists. Excellent benefits, including hospitalization/medical insurance, retirement, vacation estimated equivalence at 24%, plus optional deferred income plan. Send CV to Ira S. Klein, MD, Acting Medical Director, Western State Hospital, Fort Steilacoom, Washington 98494; (206) 756-2349. EOE.

NORTHERN CALIFORNIA. Two multispecialty groups seeking BC/BE General Internist, OB/GYN, Pediatrician, Neurologist, and Orthopedic Surgeon for growing clinics in Marin and San Mateo counties. Reasonable call schedule. Competitive salary and benefits. Send CV to Number 242, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

INTERNISTS/GERIATRICIAN. Immediate opening for clinician/teacher with interest in Geriatrics to join our General Medicine division of 15, two of whom have special interest in Geriatrics. This is an excellent opportunity to practice clinical Geriatrics and General Internal Medicine, to participate in our Primary Care General Medicine residency training programs, and to preceptor medical students in a variety of clinical settings (office, clinic, and inpatient wards). Applicants should be BE (BC if eligible more than two years), love clinical medicine and patient care, enjoy housestaff and medical students. Competitive salary, excellent fringe benefits. Send inquiries, CV to Kent Imai, MD, Chief, Primary Care Division, Department of Medicine, Santa Clara Valley Medical Center, 750 S Bascom Ave, San Jose, CA 95128.

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CARDIOLOGIST—INVASIVE/NONINVASIVE BE/BC, to join four member busy Cardiology practice in small town, one hour from Los Angeles. Full range of noninvasive Cardiology and active Cath Lab. Position available immediately. Send CV to 43847 N Heaton, Lancaster, CA 93534, attn: Juanita.

BOISE, BC/BE INTERNIST—General Internal Medicine/Gastroenterology. Join and take over active practice. Immediate superb income. Association with two Pulmonologists, three Gastroenterologists. Call or write Walter W. Hair, MD, FACP, 425 W Bannock St, Boise, ID 83702; (208) 343-6458.

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MONTEREY PENINSULA, CALIFORNIA. Primary Care Internist or Family Practitioner. Multispecialty setting, ocean resort community. Adjacent to Pebble Beach and Carmel. Busy, well established practice. Excellent office, lab, and x-ray departments. Outstanding community hospital. Rental, solo, or group practice arrangements. Submit CV, availability date to John D. Lord, MD, Central Medical Group, 505 Central Ave, Pacific Grove, CA 93950.

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PHYSICIANS WANTED

BC/BE FAMILY PRACTITIONER for satellite clinic of prestigious multispecialty group practice. Join one other Family Practitioner and one Physician's Assistant in small town setting with urban culture 20 minutes away. Generous benefit package. Send CV to Donald Benz, MD or Karen Stanton, The Vancouver Clinic Inc, PS, 700 NE 87th Ave, Vancouver, WA 98664; (206) 254-1240.

FAMILY PRACTICE PHYSICIAN. Full-time in a busy walk-in medical clinic. Located in Visalia, California (Tulare County). Malpractice insurance, good salary, etc. Please call (209) 627-5555 for more information.

ASSOCIATE IN PEDIATRICS. Kern Medical Center, Bakersfield, California, a teaching hospital affiliated with UCLA and UCI Schools of Medicine, seeks an Associate in the Division of Pediatrics. Prerequisites include eligibility or certification by the American Board of Pediatrics, strong interest in teaching and qualifications for faculty appointment in UCLA Department of Pediatrics. Comprehensive salary and benefit package. A part-time private practice is permitted. Medical center is in central California, a mid-sized urban community with moderate cost of living. Send CV and inquiries to Navin Amin, MD, Chairman, Department of Family Practice/Pediatrics, Kern Medical Center, 1830 Flower St, Bakersfield, CA 93305.

PRIMARY CARE AND DETOX PHYSICIAN—for nationally known Detox and After Care program. Responsible for overall medical care and treatment of clients with emphasis on HIV issues. Requires MD, California license, current DEA registration, and experience with substance abuse and HIV related medical issues. Salary $70K-$80K, excellent benefits. Résumé to Personnel, Haight Ashbury Free Clinics, Inc, 3333 California St, San Francisco, CA 94118.

NEPHROLOGIST WANTS PARTNER/ASSOCIATE BC/BE Gastroenterologist/Cardiologist/Nephrologist/Pulmonologist. Excellent practice, equal partnership opportunity without buy-in or overhead. Send CV to Dr M. Streger, 27800 Medical Center Rd, Ste 122, Mission Viejo, CA 92691.

SAN DIEGO, FAMILY PRACTICE. Exciting opportunity for permanent full-time BC/BE physicians needed for actively growing multispecialty group practice. Generous competitive compensation guarantee with productivity incentives plus fringe benefits. Shareholder after two years. Cutting edge of managed care. Enviable southern California lifestyle. Send CV to Medical Director, SRS Medical Group, PO Box 129229, San Diego, CA 92112-9229; or call (619) 234-6261, ext 248.

PHYSICIAN OPENING. Ambulatory care/minor emergency center. Full-/part-time for Family Practice/Internal Medicine/Emergency Medicine trained, experienced physician located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD, 5900 100th St SW, Ste 31, Tacoma, WA 98499; (206) 584-3023 or 582-2542.

CARDIOLOGISTS/PULMONARY SPECIALISTS. Private practice opportunity available for both a Cardiologist and a Pulmonary specialist to join a group in the Seattle, Washington area. For details, call Eloise Gusman; (800) 535-7698 or send CV to PO Box 1685, Covington, LA 70434-1685.

ASSISTANT PROFESSOR OF MEDICINE. Division of Metabolism, Endocrinology and Nutrition, Department of Medicine, University of Washington and VA Medical Center seeks an MD scientist, BC in Internal Medicine/Endocrinology and with an independent area of research. Prefrence given to those with demonstrated experience in performing independent research; personal grant support desirable. Send CV and references by September 1,1991, to Daniel Porte, Jr, MD, Research Service (151), VA Medical Center, 1660 South Columbia Way, Seattle, WA 98108. The University of Washington is an Equal Opportunity/Affirmative Action Employer.

PHYSICIANS WANTED

GENERAL SURGEON. Full-time BC/BE General Surgeon for multispecialty group in southeast Los Angeles. Office/hospital and consulting practice. Spanish a plus. Top salary, benefits, and malpractice insurance. Potential for shareholdership second year. Send CV to Craig Kaner, Administrator, All Care Medical Group, Inc., 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

HAWAII. Family Practitioner and Pediatrician needed for rural underserved area. Full-time position in non-profit community health clinic. Desire dedicated person to work in multicultural setting. Contact Puanani Kalawa, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-7081.

CALIFORNIA, MONTEREY BAY. Full-/part-time positions available with Monterey Bay's largest and most successful Urgent Care network. Generous guarantee, incentive plan, and benefit package. Malpractice covered. Practice in California's most beautiful coastal recreational area. BC/BE Emergency Room Medicine or Family Practice specialists preferred. Contact Bob Morris, MD, FACEP, Doctors on Duty Medical Clinics, 223 Mt Hermon Rd, Scotts Valley, CA 95066; (408) 438-9341.

SAN JOAQUIN VALLEY. Excellent opportunity for Family Practitioner to serve the underserved. No night call or weekends. Competitive salary plus benefits, paid malpractice. Agricultural community, one hour from the mountains, two hours from the coast. Bilingual English-Spanish helpful. Send CV to Hugh F. Stallworth, MD, Fresno County Department of Health, PO Box 11867, Fresno, CA 93775; (209) 445-3202.

OB/GYN. Full-time BC/BE OB/GYN for multispecialty group in southeast Los Angeles. Office/hospital practice. Spanish a plus. Top salary, benefits, and malpractice insurance. Potential for shareholdership second year. Send CV to Craig Kaner, Administrator, All Care Medical Group, Inc., 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

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SAN DIEGO COUNTY. Family, Internal, OB/GYN, and Pediatric practices available. Long established—doctors retiring. Various prices and low down payments. Call CBI, San Diego County's professional practice sales specialists, (619) 283-7009.

FAMILY PRACTICE FOR SALE. Established 30 years solo Family Practice fully equipped and furnished. Well rounded practice, block from hospital, teaching hospital six miles away. Excellent location, growing area 65 miles north of San Francisco in Wine Country. Share call five weekdays and one weekend per month. Available to stay to introduce new physician. Financing available. Please contact Richard C. Barnett, MD, home: 9323 Lakewood Dr, Windsor, CA 95492; or call (707) 838-3383.

COLORADO COLLEGE TOWN. General Internal Medicine and Geriatric practice and building for sale. $250,000, variable terms. Solo corporation. Great place to live. Call 1 (303) 482-4510 evenings.

UNIQUE SEMI-RETIREMENT PRACTICE for sale to Internist/Cardiologist interested in preventive medicine. State capital in southwest Washington. No third party billing for executive checkups and treadmill stress tests in no-overhead office in large athletic club. All equipment included. Easily gross 60K working part-time and take summers off. You move in. I move out. For 30K. Contact Stu Pritchard, MD; (206) 352-4884.

NORTHERN AND CENTRAL CALIFORNIA. Established practices available in Dermatology, Ophthalmology, Pediatrics, Internal Medicine, Allergy/Preventive Medicine, and Family Practice. Reasonable terms and prices. Call/write Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762.

LONG BEACH, CALIFORNIA. Family practice for sale. Well established solo Family Practitioner seeking BC/BE Family Practitioner to purchase practice. No OB, 85% of practice is private insurance, remaining 15% is MediCare assignment. Fully equipped office in excellent location adjacent to community hospital. Able opportunity for further growth. Physician available to stay on to transition new physician. Please contact L. Ferrall c/o LBCH, 1720 Termino Ave, Long Beach, CA 90804; (213) 494-0897.

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INDUSTRIAL CLINIC, Orange County, California. Well established in Anaheim, California with fully equipped Emergency, x-ray, and lab departments. Nearby hospitals. Gross, 1.25 million annually. Call Mr Long, (714) 774-8020, or write PO Box 6406, Anaheim, CA 92816.

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MEDICAL EQUIPMENT

FOR SALE—Burdick Elite EKG, used six months, Joerns exam table, equipment for three examining rooms, Wallach cryo unit with three tips, American Medical Billing and Barcode software for I.B.M. computer. Doctor deceased, complete equipment list available upon request. PO Box 2038, Fallon, NV 89406; (702) 867-5252.

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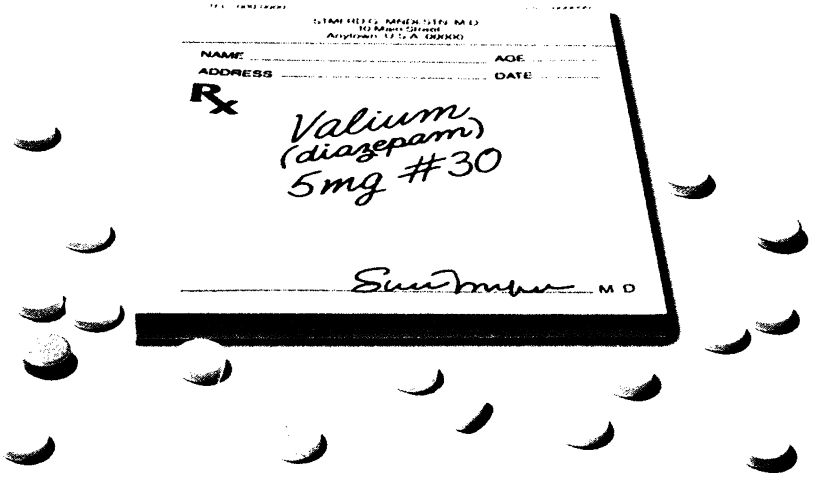

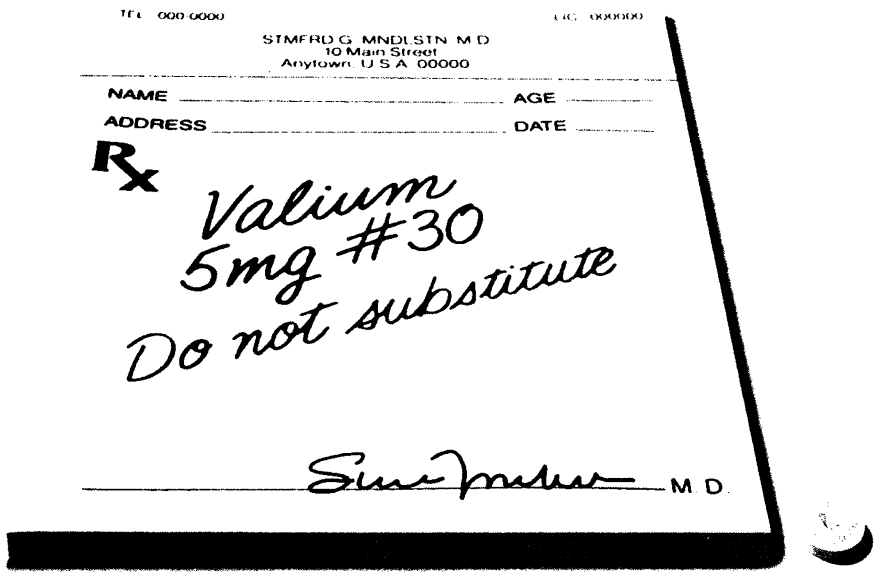

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